

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**FY 2009***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number (Optional)

29827/41950

Application Number

10/576,049-Conf. #8929

Filed

April 14, 2006

For **HYDROGEL CAPABLE OF ABSORBING BLOOD AND/OR BODY FLUIDS**

Art Unit

3761

Examiner

Ginger T. Chapman

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☒ Payment by credit card.☐ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 32,361☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____



Signature

October 26, 2009

Date

James J. Napoli

Typed or printed name

(312) 474-6300

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.